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The Navy Bureau of medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

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Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: Navy launches culture of fitness with new standards

By Lt. Ingrid Mueller, Naval Personnel Command

MILLINGTON, Tenn. -- Goal oriented scoring. Emphasis on training progression. Tougher standards. New software to measure fleet fitness.

Ready for the challenge?

The new Navy physical readiness program targets individual fitness and places a renewed emphasis on command

leadership to help create a culture of fitness throughout the Navy. Sailors of all ages will participate in the new program.

"We want to establish a Navy-wide culture of fitness that will promote physical conditioning and commitment to a healthy lifestyle," said Chief of Naval Operations, Adm. Jay L. Johnson. "The physical readiness program has essentially become an assessment tool for a Sailor's individual fitness."

The new program goes into effect May 1.

While the exercises included in the physical readiness test have not changed, the new goal-oriented scoring and more detailed standards help chart the track to fitness. For example, each of the scoring categories (satisfactory, good, excellent and outstanding) is divided into different sections: marginal, medium and high. The sections are designed so that a Sailor who follows the proper physical fitness regimen can achieve the next higher category by the next testing period.

Accordingly, the revised plan encourages commanding officers to recognize Sailors who progress to the next higher category through fitness report and evaluation comments. In the past, only those who scored outstanding or excellent received comments.

Promotion, advancement, frocking and redesignation requirements will be based on meeting fitness progression standards, rather than failing the test. Previous physical readiness test failures will not be carried forward under the new program. Details on the progression standards will be included in the revised instruction.

The new Navy culture of fitness will require a consistent commitment by the individual member to a healthy lifestyle.

"This program is a measured step forward that will result in fitter Sailors, higher morale and enhanced readiness," said Johnson. "It is a leadership responsibility to promote a culture of fitness that will help Sailors succeed."

Commands will establish and direct fitness enhancement programs to monitor the training and progression of Sailors, and will also offer nutrition and weight management counseling. For Sailors who are struggling to meet standards, Fitness Enhancement Programs will be mandatory.

For more information, please see NAVADMIN 063/00.

Answers to frequently asked questions will be posted on the BUPERS/Naval Personnel Command web page at [www.bupers.Navy.mil/pers6/pers60/pers601](http://www.bupers.Navy.mil/pers6/pers60/pers601).

For more information, contact PERS-601 at (901) 874-4257/43 or DSN 882.

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Headline: Bremerton adds new volunteers to marrow donor list

By JO2 Michael Howlett, Naval Hospital Bremerton

BREMERTON, Wash. --- Mixed with the good-natured moans and groans about needles being stuck in their arms, were smiles of contentment from people who knew they were doing something good. This St. Patrick's Day at Naval Hospital Bremerton, people wore green with a little bit of beige from a bandage earned at the C.W. Bill Young Bone Marrow Donor Center donor registration drive.

Service members and civil service employees were asked to take 5 minutes out of their day to sign up for the national bone marrow donor registry.

"I wanted to be in the position to be able to help save a life," said Hospital Corpsman Apprentice Ryan Gird, 19, who works in the medical-surgical ward of the hospital.

It is the same reason the former certified nursing assistant chose to join the Navy and become a hospital corpsman. When he decided to become a registered donor, he drew on past experience gained alongside his mother who worked in a nursing home, "One of my mom's patients had a bone marrow transplant, and when I heard about the drive, [the patient] was all I could think about."

That particular patient was one of the lucky ones. Every year in the U.S. approximately 59,000 people die of disorders that marrow transplants could have helped to cure, according to Chief Electronics Technician (SW) Gerard Gillespie, who represented the donor center at the registration drive. Gillespie's passion for the job is evident when pitching his cause to passers-by.

"Help save a life," he called out to one person walking by. This enthusiasm brings results. During the daylong event, 116 people registered to be bone marrow donors.

Gillespie himself had the opportunity to be a donor. After initially joining the registration in 1994, he was called in 1997 to undergo further tests for a possible match. After a couple of weeks, he was determined to be the best possible match and donated bone marrow in what has become a more streamlined procedure.

The technique currently used allows a person to be back to work in just a matter of days after the marrow is taken.

"Psychologically, it was the best experience I ever had," said Gillespie.

The registration wouldn't have been possible without the volunteers from the family practice clinic under the coordination of Hospital Corpsman 1st Class (SW) Daniel Ackerman, who rounded up volunteers from his clinic, and also spent the day searching the hospital for donors. During a lunchtime rush, Ackerman and Hospital Corpsman 3rd Class Laddie Johnson set up another table in front of the pharmacy waiting area, which brought in more than 20 additional donors.

Rounding up volunteers wasn't a difficult task, because they all realized the importance of their work.

"This is all a part of patient care, doing what I can to help others," said Jamie Johnson, a civilian medical

assistant in the family practice clinic.

To find out more information about donating bone marrow, or about the program, visit the donor center at this site on the Internet, [www.dodmarrow.com](http://www.dodmarrow.com)

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Headline: Nurse anesthetist adds hypnosis to patient care  
By JO2 Duke Richardson, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- Naval Medical Center Portsmouth, Va., is always looking for innovative ways to treat patients and expedite the healing process. Sometimes that search includes using complimentary alternative medical practices.

One such form of complementary medicine being practiced at NMCP is clinical hypnosis.

Contrary to popular belief, hypnosis is not the evil, sinister device that can be used on an unwilling person. It is quite the opposite. For hypnosis to work, subjects must want it and be 100 percent willing to allow themselves to be put under the influence so that their mind is more open to suggestion.

"Patient response in the pain clinic is so successful that the demand is greater than the ability to offer the service," said Cmdr. Michael R. Eslinger, NC, one of Naval Medical Center Portsmouth's resident hypnotherapists. He is also the only nurse anesthetist to earn the title of Approved Consultant to the American Society of Clinical Hypnosis.

To gain new hypnotists to assist with the Navy's hypnotherapy programs in pain management and health promotions, Eslinger is conducting certification workshops at Naval Hospital Camp Lejeune, N.C., and at Naval Medical Center Portsmouth during April. His workshops will not only teach history, theory, myths and misperceptions of hypnosis, but it will give pupils the mental tools and knowledge needed in the clinical applications of hypnosis.

Eslinger's clinical hypnosis certification course is specifically designed for most medical disciplines, mental health professionals, chaplains and social workers who want to enhance their skills by adding hypnosis as a treatment method.

The benefits of hypnosis in the management of chronic pain, obstetrics, preoperative enhancement, stress management, weight management and smoking cessation are well documented in the saving many hours because of sick days lost.

The course will be held Apr. 16-21. For more information contact Eslinger via email at [eslinger@erols.com](mailto:eslinger@erols.com). To reserve a seat call training at (703) 953-7543.

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Headline: Rota to hold last blood drive  
BY JOC Jon McMillan, Naval Hospital Rota

ROTA, Spain -- Changes in the Navy's European blood

program means that blood drives will no longer be necessary for Navy medical facilities in Rota, Spain and at Sigonella and Naples, Italy.

Blood for Navy medical facilities and Navy ships in the theater will be flown in from a tri-service blood distribution center at McGuire Air Force Base, N.J.

"We're taking assets we have in the United States and we're using their blood so we can reduce costs, reduce waste and reduce liability and risk," said Lt. Cmdr. Richard Hayden, MSC, Naval Hospital Rota's laboratory officer and blood program director.

Navy hospitals in Europe have traditionally made their own blood products out of blood received during donor drives. The hospital in Rota typically produced 20 to 25 units a month - each unit having a shelf life of 42 days - that served the hospital and other contingency needs.

"We also had requirements to ship blood products to Kosovo and to various Sixth Fleet units," said Hayden. The other Navy hospitals in Europe had similar requirements.

The blood products will arrive every two weeks on the scheduled flights. For the past four months, Naval Hospital Rota has been receiving small test shipments to ensure the transportation pipeline was efficient and reliable. The first regular shipments started arriving the first week of April.

The beginning of these shipments means local blood drives are no longer needed. A March 27 donor drive in Rota will be the last one conducted.

"We didn't want to stop having blood donor drives without letting the people know," said Hayden. "We also felt it'd be wise to have this last one and give people one last opportunity to donate here. We have really appreciated the support many of our faithful donors have provided over the years," he said.

After the March 27 drive, the laboratory department will no longer be in the business of testing local blood for infectious diseases. Those tests will be performed on all blood sent to Rota by the activities collecting the blood in the states -usually, other department of defense medical treatment facilities.

Getting out of the blood testing business will save the Rota hospital money. Blood tests cost the hospital more than \$40,000 last year and each month the testing tied up two or three people for an entire week, said Hayden.

"This blood donor center was one of the most expensive in the Navy," said Hayden. "Because volume was so low, a unit of blood produced here cost 400 percent more than the average cost of a unit of blood in the United States," he said. The reason for that is the Rota hospital purchased a small volume of test kits and was not able to take advantage of the large volume price discounts other donor centers receive. "The shelf-life of those kits is also very short," said Hayden.

Blood received from the tri-service blood distribution

center though, has already been paid for and won't cost the Navy hospitals in Europe anything.

The Rota blood bank will continue to store almost 300 units of frozen blood and, in case of a contingency need, could be ordered to stand up it's blood donor center again. The hospital will continue to take and store blood for patients undergoing elective surgery, and the hospital will still perform transfusion services.

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Headline: Great Lakes staff trains aboard Tarawa

By: LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, ILL. -- Navy medical readiness training is an ongoing effort around the world, ensuring that personnel are ready to man their platforms when called upon in times of crisis.

Naval Hospital Great Lakes recently tested its readiness when 49 members of its staff joined medical augmentation staff from Naval Hospital Camp Lejeune, N.C., and Naval Medical Center Bethesda, Md., in a week-long deployment off the California coast aboard USS Tarawa (LHA 1), a designated primary casualty and receiving ship.

The Great Lakes team, led by Capt. Kenneth Leonard, MC, and Chief Hospital Corpsman Winston Granville, met their platform in San Diego to conduct training aboard the amphibious ship. Their departure ended months of planning and coordination between Naval Hospital Great Lakes, the Surface Warfare Medicine Institute, Amphibious Group THREE, the Tarawa Medical Department and the Bureau of Medicine and Surgery in Washington, D.C.

While underway, the group received training on medical issues at sea, shipboard orientation and the role of Navy Medicine in amphibious operations. "I was a frigate corpsman assigned to the USS Thatch (FFG 43) and look forward to getting underway," said Hospital Corpsman Second Class (SW) Kori Jowhar, who works at the Reserve Liaison Office at Naval Hospital Great Lakes but whose platform is the Tarawa.

The medical augmentees will also go through several shipboard drills to sharpen their skills and help them all meld with medical units embarked and serving full-time aboard the ship. If the group was not involved in drills or classes they were giving lectures.

Among those Great Lakes staff giving educational sessions was Cmdr. Kirk Engel, DC, who gave a presentation on dental and oral trauma and Lt. Joseph Yacisen, MC, who discussed orthopedic injuries.

"I am very pumped-up, the last time I was aboard ship was as ship's nurse on the USS Saratoga (CV 60) during the Balkan Crisis," said Lt. Cmdr. Frederick Lewis, NC, who is the division officer at the Naval Hospital Great Lakes Mental Health Ward.

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Headline: Anthrax question and answer

Question: Am I as a service member required to take the anthrax vaccine?

Answer: Yes. This vaccine, like any other vaccine, is required to prepare you and other service members for deployment. You are required to take it unless medically or administratively deferred. The DoD and Coast Guard are firmly committed to the maintenance of a healthy and fit force and the prevention of unnecessary casualties.

There is a long history of compulsory vaccinations within the Armed Forces, dating back to the Revolutionary War. General Washington mandated vaccination against smallpox. Tetanus, typhoid, and yellow fever vaccinations were required of soldiers in World War II with the following results:

0 cases of yellow fever

12 cases of tetanus, despite 2.7 million hospital admissions for wounds and injuries

5 cases per 100,000 of typhoid, compared to 42 per 100,000 in World War I.

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Headline: TRICARE question and answer

Question: What is a Health Evaluation and Risk Assessment?

Answer: It is a self-initiated questionnaire surveying many lifestyles and diet factors that will be reviewed and discussed with you by your primary care provider.

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Headline: Healthwatch: Nausea a part of early pregnancy  
From University of California Healthcare

IRVINE, Calif. -- According to the American Medical Association, nearly 50 percent of women suffer nausea and vomiting during the first three months of pregnancy. It tends to be more severe early in the morning, but it can occur anytime during the day or night.

Morning sickness usually occurs in the first trimester and ends around the third month of pregnancy. It is believed to be caused by the presence of certain hormones and by changes in the way the body metabolizes carbohydrates. Most women experience only intermittent nausea and vomiting.

To alleviate nausea, eat several small meals during the day because an empty stomach can bring on nausea. Avoid fatty foods; they can make morning sickness worse, and eat foods high in carbohydrates and protein.

Drink plenty of fluids in-between meals to replace the fluids you're losing by vomiting and to help neutralize stomach acids. It may also be helpful to keep a box of whole-grain crackers by your bed. Eating them about twenty

minutes before you get up may help prevent nausea. And if you can, it helps to get up and move about slowly in the morning because rushing seems to make nausea worse.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.Navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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